

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
APPLICATION FOR A CORPORATE SURPLUS LINES LICENSE**

This application must be completed in full (typewritten or printed) signed and notarized. You have the duty to provide correct answers to all questions on this application.

We hereby apply for a corporate surplus lines license to effect insurance in a company not licensed in the state of Nebraska.

Check one: Domestic Corporation _____
 Foreign Corporation _____

1. Name of Corporation _____
2. Federal Identification Number _____
3. Principal Business Address _____
4. Mailing Address _____

5. Business Phone Number _____
6. Has any fidelity and surety bond for the corporation or any licensed agent or broker associated with the corporation ever been declined, cancelled, or subject to claim? _____

If yes, give full particulars _____

7. Has any licensed agent or broker associated with the corporation ever placed insurance in non-admitted carriers on property or risks owned by the corporation or any licensed agent or broker associated with the corporation or with any relatives by consanguinity or affinity, and received commissions or fees there in?
 - a. If yes, what percentage of the total volume of premiums on Nebraska business written by the agent or broker do they represent? _____
 - b. What percentage of total volume of premiums on Nebraska business written by that agent or broker for the forthcoming year will this represent? _____

8. List below all individuals who are officers or employers of the corporation and who currently hold a resident agent's license or resident broker's license.

Name

Social Security Number

[illegible]

(Use separate sheet for question #8 if necessary as all licensed resident agents and brokers associated with the corporation must be listed.)

We understand that only individuals listed on the corporate surplus lines license shall transact surplus lines business on behalf of the corporate licensee, and certify that each individual who will transact surplus lines business for the corporation will read and comply with all the provisions of §§44-5501 through 44-5514 of the Nebraska Insurance Statutes.

Signed this _____ day of _____, 20____.

President

Secretary

State of _____)
)
County of _____) ss.

Subscribed to me in the presence and duly sworn this _____ day of _____, 20_____.

Public Notary